

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101588117

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10	1					
11		1				
12						
13		1				
14	1					
15		1				
16						
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23	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	22	←	←	←	↓	↓
TOTAL CLAIMS	26	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.		←	←	←	↓	↓
TOTAL CLAIMS		████████	████████	████████	████████	████████